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VAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR	TN8203		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING: 01		
•			E. WING		
RECOVERACEN MANCH			STATE, ZIP CODE	11/09/2015	
	KINGSPO	ONEBROOK ORT, TN 370			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUIL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ADRE CONDICTO	
TIF or PDF format, including all shop of calculations, hood a specifications, etc., department. This Rule is not me Based on observation with the findings include Observation with the 11/8/15 at 2:25 PM 100/200 hallway do exhaust system. This finding was very director and acknow during the exit conference and acknow during the exit conference and acknown the follow plans shall be condumental in the purpose of educating determination, testing and communications community agencies on of fleath Care Fedities.	spection, a CD Rom disc, in of the final approved plans rawings, sprinkler, and duct, addends, shall be submitted to the state of the submitted to the state of the facility failed to have the facility rooms. The maintenance director, on revealed soiled utility room at as not have a functioning disaster preparedness and Community Emergency (Internal Situations). Ving disaster preparedness roted annually prior to the lan. Drills are for the	N 853	IV. Housekeeping will audit weekly x4 weeks all resident doors to ensure combustible items have received proper fire retardant treatment. Results of audit will be reported to QA/life safety. K130 As of Monday 11/30/1 the 3 hour fire doors in common area and by the MDS office will have hinges adjusted to ensure compliance with the NI 80, 2-3.1.7 regulation of 1/8 inch gap. II. All residents, staff, and visitors have the potent to be affected by this deficient practice. NO adverse effects noted. III. Fire doors will be inspected monthly by maintenance. IV. Results of monthly inspections will be brought to the monthly QA/life.	n the he ure FPA	

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	of Haalth Care Faci	<u>inies </u>			•	FORMA	
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NO PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01			(X2) DATE SURVEY COMPLETED		
	٠		A. BULLDING	: UM - NEALM	K BURLDING 01	COMP	=1ED
	TN8203		B. WNG		11/09/2015		
LAME OF P	PROVIDER OR SUPPLIER	STREET AL	DORESS, CITY,	STATE, ZIP	CODE		
жоокн	AVEN MANOR		NEBROOK				
(V4) (D)	SI DOMADY SYN	KINGSFO TEMENT OF DEFICIENCIES	DRT, TN 376		·	· · ·	 .
(X4) FD PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	1 (ie.	PROVIDER'S PLAN OF CORRECTIVE ACH CORRECTIVE ACTION SHOUL SERVICED TO THE APPROVIDENCY)	nae I	COMPLETE PATE
N1410	Continued From page	ge·1	N1410	Ť ***/			ZIII h
	and evaluate these al least three (3) ye	drills must be maintained for		l.	Items blocking electrica	i panels ir	, III M
,		•		ļ	mechanicals rooms on	300 and 40	00
	(II) External disaste	r procedures plan (for iquake), to be exercised prior			hallways were removed	on 11/12	/15.
<u> </u>	to March, shall inclu	ida:		1	Oxygen concentrators v	vere unpli	ıgged
i	•	•			from power strips and p	olugged in	to red
<u> </u>	(I) Staff duties by deasignment; and,	spartment and Job	}		emergency receptacles and 315 on 11/10/15.		
(II) Evacuation procedur This Rule is not met as a		edures.		Н.	All residents with medic are potentially affected	al equipm	ent '
		t as evidenced by:		1	practice. No adverse eff		
	Based on record rev	new and interview, the facility earthquake drill annually.	•	[occurred.	ects uave	
:	The findings Include	: earthdoake oull abunally.	. '	111.	Inservicing of all staff on		•
	Record review and interview with the		ļ · .		of power strips on 11/27	i the prope	er use
[]	revealed the facility	r, on 11/9/15 at 9:30 AM		₹V.	Housekeeping will audit	// 15. 	
•	earthquake drill in th	e past vear. The last			weeks to ensure clearan	weekiy x4	
•	earthquake drl was	exercised during July 2014.			maintained in front of el		
This finding was ver	fied by the maintenance	1		equipment and that no			
director and acknowledged by the adduring the exit conference on 11/8/15		ledged by the administrator	İ		equipment is plugged int	medical	
		rence on 11/9/15.			Results of audits will be	o power s	trips.
N1411	1200-8-614(2)(a)5.	(iii) Disaster Preparedness	N1411		monthly QA/life safety co	or august to	
!			''' '	N853	only so wife salety ti	minittee,	
	2) Physical Facility and Community Emergency Plans.]7	thulic
				l.	Exhausted system in soiled ut	ility room at	טוידוו
Į.	(a) Physical Facility (Internal Situations).				100/200 hallway was made o 11/17/15.	perable on	
 Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the 		ing disaster preparedness	:	11.	All staff is potentially at risk fo	or this deficie	ent
			MI.	practice. No adverse effects n			
∤ p	ourpose of educating	glaff, resource	-	11114	Monthly maintenance schedu ventilation systems.	le to include	1
[d	ietermination, testin	personnel safety provisions with other facilities and		IV.	Maintenance director to bring	to DA/IIIa a	-foto
	n ia aocuttuutiiCANOAS					. ~ ~~ U/V I E 5	
	Ith Care Facilities	with other lacings and	ļ		status update on exhaust syst	ems.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND FLAN OF CORRECTION DENTIFICATION NUMBER: TN8203		(X2) MULTIPLE CONSTRUCTION A. RULDING: 01 - MAIN BUILDING: 01 B. WING			(X3) DATE SURVEY COMPLETED 11/09/2015		
							iame of F
ROOKH	IAVEN MANOR	2035 STO	NEBROOK RT, TN 37	PLACE			
(X4) ID PREFIX TAG	"(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y-MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COM			(XG) COMPLETE DATE
N1411	Continued From pa	age 2	N1411	N1410			12/14/16
	community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (iii) Bomb Threat Procedures Plan, to be exercised at any time during the year: (I) Staff duties by department and job assignment, and,			1.	Earthquake drill complete	d on 11/30,	/15.
·				II.	All staff, residents, and vis potential to be affected by practice. No adverse effec	this deficie	ent urred, · .
			1	, 181.	Maintenance director will and conduct annual sched	maintain re ule of requi	cords
(II) Search team, searching the p		searching the premises,			disaster preparedness drill maintained for three years		will be
,	This Rule is not met as evidenced by: Based on record review and interview, the facili failed to exercise a bomb threat drill annually. The findings include: Record review and interview with the maintenance director, on 11/9/15 at 9:30 AM			IV.	Maintenance director will required drills to monthly (committee.	bring result QA/life safe	s of ty
				N1411	•	:17:	lyls
revealed the facility fai threat drill in the past y drill was exercised drill		y falled to perform a bomb ist year. The last bomb threat during August 2014.		ι.	Bomb drill to be completed	d on 12/2/1	7 7 7 10 5.
	This finding was verified by the maintenance director and acknowledged by the administrate during the exit conference on 11/9/15.			II.	All staff, residents, and visi potential to be affected by practice. No adverse effect	this deficie	
ļ				III,	Maintenance director will name and conduct annual schedudisaster preparedness drills maintained for three years	rle of reguir s. Records v	red
				IV.	Maintenance director will be required drills to monthly committee.		
			·				
ion of He E PORM	aith Cark Facililes		5000	2LHI21			on sheel 3 of